

Medicare Research Request Form

Health plans and providers can change Medicare information that is not currently in the AHCCCS system by completing the Medicare Research Request Form. The form should be faxed to AHCCCS/MFIS at (602) 253-4807. Forms can be obtained by Logging on to <http://170.68.11.52/plansproviders/healthplans.asp>. From there click on the AHCCCS Medicare Research link. Please contact Cecilia Ruiz in MFIS at (602) 417-4599 for questions regarding the form.



ADHS/DBHS Provider ID's

For dates of service after 01/31/2002, providers are no longer required to have an ADHS/DBHS provider ID. Providers are only required to have an AHCCCS provider ID and should contact AHCCCS Provider Registration at (602) 417-7670 or (800) 794-6862 to obtain information regarding registration.

Enrollment Timelines

The following are the required timelines for entering intakes, closures and assessments into CIS and CEDAR:

	CIS	CEDAR
Intake	14 days from intake date	15 days from intake date
Closure	14 days from closure date	15 days from closure date
Brief Assessment	14 days from intake date	15 days from intake date
Comprehensive Assessment	44 days from intake date	45 days from intake date
Reassessment	Every 6 months from previous assessment	Every 6 months from previous assessment

For questions or concerns, please contact Ruth Bateman at (602)-553-9095.

Top Monthly Pended Encounters

These edits continue to represent the majority of the pended encounter problems and may be sanctionable.



Z720-Exact Duplicate Found

Encounters are pending because at least one claim was found in the system that matches the pending claim. These claims need to be researched by the RBHA's to determine the cause for the exact duplicate. Multiple units of service for the same client on the same day should be combined. For example: If a client is seen for Peer Support twice in one day, W4048 should be billed on one claim with two units instead of two claims for one unit each.

The number of encounters pended for Z720 are as follows:

EXCEL	8,190
NARBHA	5,469
Value Options	214
CPSA 5	21
CPSA 3	5

P330-Provider Not Eligible for Category of Service on Service Date

Encounters will pend for edit P330 when the provider is not eligible to bill for the indicated category of service on the date the service was provided. RBHA's should ensure the category of service matches the provider type (on the date of service) prior to submitting the encounter.

The number of encounters pended for P330 are as follows:

Value Options	9,273
PGBHA	1,564
CPSA 5	554
CPSA 3	119
NARBHA	65
EXCEL	4

R600 – Medicare Coverage Indicated But Not Billed

Encounters are pending because the TPL file indicates the recipient has Medicare coverage, but the claim has been submitted with the Medicare fields blank. If the TPL file indicates a recipient has Medicare, claims must be submitted with a dollar amount. If the service is not a Medicare covered service, zero must be entered in the Medicare fields. A zero value indicates Medicare did not cover or denied the service.

The number of encounters pending for R600 are as follows:

CPSA 5	3,725
Value Options	1,405
CPSA 3	1,025
NARBHA	256
PGBHA	105
Excel	58

If further assistance is needed, please contact your assigned Technical Assistant.

- **Javier Higuera (602) 553-9085**
jhiguera@hs.state.az.us
Value Options
PGBHA
NARBHA
- **Anita Delgado (602) 553-9132**
adelgad@hs.state.az.us
CPSA
Excel

Bureau Of Financial Operations Employee Updates

Mike Fett, CFO for the Bureau of Financial Operations has announced his resignation with the department effective October 25, 2002. Mike has accepted a position with Southwest Behavioral Health. Good luck Mike.

Nina Sartini has joined the Office of Program Support and will be working as an assistant to the CFO of Financial Operations. Please extend a warm welcome to Nina as she will be a great addition to the Program Support team.

Encounter Tidbits Editorial Staff

Ruth Bateman, Kayla Caisse, Barbara Carr, Michael Carter, Anita Delgado, Kevin Gibson, Javier Higuera, Stacy Mobbs, Susan Ross

Encounter Unit Update**Edit A900**

The A900 edit (unreasonable health plan paid amount) will require an additional three to six months of research prior to implementation.

AHCCCS TPL File

AHCCCS is currently scheduled to have their TPL file complete by April 2003. RBHA's should continue to pursue other means of verifying Medicare eligibility to keep pending encounters to a minimum.
